DOCUMENT RESUME

ED 147 708 CG 012 043

AUTHOR Zautra, Alex; Simons, Lynn S.
TITLE Life Event Indicators of Community Mental Health.
PUB DATE Aug 77
NOTE 8p.; Paper presented at the Annual Meeting of the American Psychological Association (San Francisco, California, August 26-30, 1977); Best copy available

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); *Community Health Services; *Mental Health; *Mental Illness; Models; *Neighborhood; Psychological Studies; *Stress Variables
IDENTIFIERS *Distress

ABSTRACT

This paper describes three measures derived from a life events inventory to reflect an equilibrium model, a life crisis model and a positive mental health model of psychological well being. These measures were related to indicators of individual and neighborhood adjustment with data obtained through a household survey of 454 residents. Individual adjustment was predicted best by a life crisis measure defined as the difference between the number of positive events and negative events. Higher neighborhood admission rates to a community mental health center were related to the absence of positive events and unrelated to the number of negative events reported by neighborhood residents. (Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED147708

Life Event Indicators of Community Mental Health

Alex Zautra
Arizona State University

and

Lynn Stanley Simons
Granite Community Mental Health Center

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Alex Zautra
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

APA San Francisco August, 1977

BEST COPY AVAILABLE

CG012043

LIFE EVENT INDICATORS OF COMMUNITY MENTAL HEALTH

SUMMARY

Current definitions of mental health in the community rely heavily on concepts of stress and the ability of individuals to adjust and/or find relief from stressful life events. These approaches do not account for positive life events which may give rise to satisfactions and feelings of personal competence independent of the occurrence of crises and their resolution. In this study two models of stress and a positive mental health model were tested for their relationship to indicators of individual and community adjustment.

Method

The three models defined different scoring schemes for the Holmes and Rahe Survey of Recent Experience, a 42-item checklist of recent life events. An equilibrium model in which any event, positive or negative, is disruptive was tested using the Holmes and Rahe scoring procedure of assigning weights to events based on the expected magnitude of readjustment required and summing events occurring within the last year. A life crisis model in which events with positive consequences strengthen individual adjustment and events with negative consequences weaken adjustment was tested by summing all life events subjectively rated as positive by respondents and subtracting the total number of negatively rated life events. A positive mental health model was defined in which positive events are expected to promote mental health while negative events cause psychological distress and require adjustment.

These two factors represent separate dimensions so that a person can be said to be mentally healthy and psychologically distressed simultaneously. This model was tested by keeping the positive events measure separate from the negative events measure and seeing if the two measures had different relationships to individual and community indicators of mental health.

Three criteria were established for testing the effects of these measures on community; (1.) the measures should be related to indicators of individual adjustment for community residents; (2.) they should distinguish demographic groups known to differ in their mental health needs and (3.) differentiate neighborhoods that vary in their social psychological makeup.

The sample consisted of 454 men and women, 18 years of age or older, selected with a three-stage probability sampling of households of the Granite Community Mental Health Center catchment area.

Individual psychological adjustment was measured with two indicators of psychological symptoms: the 22-Item Psychiatric Screening Inventory and the Negative Affect Scale; four indicators of quality of life: ratings of personal life, family, income and a total life quality measure from the sum of 15 quality life items, and one measure of Social Participation.

Demographic groups were defined based on reported age, education, income, marital status, and religious participation.

Seven indicators of neighborhood adjustment were selected; the primary measure was three year admission rates to a Community Mental Center for each of 26 census tracts in its catchment

area. Also, six census indicators were selected from the Mental Health Demographic Profile System: percent divorced, median family income, percent Spanish speaking, percent high school completion, percent recent movers and percentage of males in high status occupations in each of the 26 census tracts.

Product moment correlations and step-wise regression analyses were used to compare three propositions on how life events would affect community mental health. The life event measures were correlated with the indicators of individual adjustment and demographic data to test which model best differentiated groups. The life event measures were transformed into census variables for the neighborhood analysis by assigning mean life event scores to each 26 census tracts based on the average score of residents surveyed from those tracts. The census tract became the primary unit of analysis for these comparisons, and product-moment correlations and step-wise regression equations tested the effects of life events on mental health admission rates and other neighborhood attributes.

Results and Discussion

Negative life events within the last year appeared to be the best indicators of psychological symptoms as measured by the 22-item scale ($r = .37$), and negative affect ($r = .33$). Positive life events and negative life events both contributed (in opposite directions) to quality of life ratings and to positive affect, and the single best measure was their combination through the life crisis difference score (r's ranged from .23 to .40).

The Holmes and Rahe equilibrium score showed correlations only with the 22-item scale and negative affect, and these correlations were lower than when scoring negative events alone. The positive life events did not have independent effects on the measures of individual adjustment; however, they appeared to contribute more to positive affect (r = .29) than negative events (r = -.18), and were unrelated to symptom scores.

The demographic correlates demonstrated the utility of separating life events into positive and negative components. Residents who were better educated (r = .20), younger (r = -.30), with higher incomes (r = .13) reported more positive events. More negative events were reported by residents with lower incomes (r = -.11), and younger ages (r = -.11). Magnitude adjustment scores differentiated only younger from older respondents (r = -.22). Religious participation appeared to promote minor increases in positive events and decreases in negative events which added up to an overall difference in positive versus negative events (r = .15).

The absence of positive life events, and <u>not</u> negative life events, was associated with neighborhood mental health admission rates (r = -.49). Also, neighborhoods characterized by high divorce rates (r = -.44), fewer high school graduates (r = .62), more Spanish speaking residents (r = .57), lower family incomes (r = .52), and fewer males in high status occupations (r = .61) had fewer positive life events by survey estimates. Similar differences were found for negative events, in the opposite direction. These troubled neighborhoods appeared to contain residents who experienced more negative life events and fewer

positive events. However, only the absence of positive events was indicative of high admission rates to the community health center.

A series of step-wise regression analyses were performed with the life events measures, survey measures of adjustment and census indicators. Only the positive life events measure added significantly to the prediction of neighborhood admissions along with other survey and census indicators.

The results provide support for both the life crisis and positive mental health models and little support for the equilibrium model. Individual adjustment and demographic differences were best predicted by the occurrence of positive events and the absence of negative events.

The neighborhood analyses suggested further that positive life events may be the most valuable in characterizing a community's mental health. There remain several indeterminables in the data, however. The life crisis measure predicted individual adjustment better than positive life events. This finding is perhaps appropriate given that positive life events were not expected to promote "adjustment", but satisfaction with life, according to the positive mental health model. The neighborhood differences in admission rates may be due to social selection factors. The neighborhood findings may also be due to differing communication ecologies within neighborhoods; positive events perhaps are communicated more readily to acquaintances in neighborhoods and the accompanying emotional responses of satisfaction and hope may be more infectious and sustaining for neighborhood groups than sorrow and sympathetic concern. The implication for primary prevention is straight forward in this

case: the design of community programs that increase the likelihood of positive life experiences for residents and a de-emphasis on programs designed solely to resolve crises or educate people about them.

CG 012043